

SERFF Tracking Number: WESA-125899339 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #31480 \$50
Company Tracking Number: PROF-SP-08-45
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Specified Professions Errors and Omissions Liability Product
Project Name/Number: Submission of Specified Professions Errors and Omissions Liability Product/PROF-SP-08-45

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Specified Professions Errors and Omissions Liability Product SERFF Tr Num: WESA-125899339 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: #31480 \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: PROF-SP-08-45

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Westmont Associates

Disposition Date: 11/26/2008

Date Submitted: 11/12/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of Specified Professions Errors and Omissions Liability Product

Status of Filing in Domicile: Pending

Project Number: PROF-SP-08-45

Domicile Status Comments: Pending in Pennsylvania

Reference Organization: None

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 11/26/2008

State Status Changed: 11/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed you will find the Company's Specified Professions Errors and Omissions Liability Product form addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find enclosed the following endorsement for your review and approval:

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SP-275 (08-08) - Franchise Exclusion

This new form clarifies the Company's intent of coverage. There is no rating impact on any insured in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst meghans@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 filing fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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United States Liability Insurance Company \$0.00 11/12/2008

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31480	\$50.00	11/12/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/26/2008	11/26/2008

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Liability
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Disposition

Disposition Date: 11/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125899339 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Franchise Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Franchise Exclusion	SP-275 (08-08)	08 08	Endorsement/Amendment/Conditions		0.00	SP-275_08-08_.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

SPECIFIED PROFESSIONS ERRORS AND OMISSIONS LIABILITY

FRANCHISE EXCLUSION

It is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expense** based upon, arising out of, directly or indirectly resulting from, or in consequence of any **Claim** in the form of a class action law suit, whether certified or not, asserted or filed against any **Insured**.

Furthermore, it is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expense** in connection with any **Claim**:

- 1) brought by any **Franchisor** or any other franchisee thereof against any **Insured**.
- 2) brought against any **Insured** based in whole or in part on the acts or omissions of a **Franchisor** or any other franchisee(s) thereof.

For purposes of this endorsement:

“**Franchisor**” means the person or entity under whose franchise agreement the **Insured** provides **Professional Services**.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/26/2008

Comments:

Attachment:

AR.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 11/26/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/26/2008

Comments:

Attached is the Cover Letter.

Attachment:

SP Letter.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

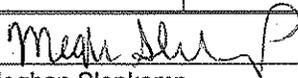
g. SERFF Filing #:

h. Subject Codes

3.	Group Name				Group NAIC #
	Berkshire Hathaway				0031
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Liability Insurance Co.	PA	25895	23-1383313	

5. Company Tracking Number PROF-SP-08-45

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Meghan Slenkamp	Analyst	856-216-0220		meghans@westmontlaw.com
	25 Chestnut St. Suite 105 Haddonfield, NJ 08033			856-216-0303	
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Meghan Slenkamp		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10.	Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors and Omissions Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12.	Company Program Title (Marketing title)	Residential Property Managers Professional Liability
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon earliest approval Renewal: Upon earliest approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	11-12-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # PROF-SP-08-45

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Submission of the Company's Specified Professions Errors and Omissions Liability Product form addendum

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 31480

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PROF-SP-08-45			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Franchise Exclusion	SP-275 (08-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com



**WESTMONT
ASSOCIATES, INC.**

November 12, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895
Specified Professions Errors and Omissions Liability Product
Form Addendum Submission – New Endorsement
Company Filing Number: PROF-SP-08-45
Effective Date: Upon earliest possible approval**

To Whom It May Concern:

Enclosed you will find the Company's Specified Professions Errors and Omissions Liability Product form addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find enclosed the following endorsement for your review and approval:

- SP-275 (08-08) – Franchise Exclusion

This new form clarifies the Company's intent of coverage. There is no rating impact on any insured in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Respectfully Submitted,

Meghan Slenkamp

Meghan Slenkamp

Analyst

meghans@westmontlaw.com

Enclosures

Cc: M. Miller